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SERIAL NUMBER 10/666,364	FILING OR 371(c) DATE 09/19/2003 RULE	CLASS 435	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. DDI-028CON1
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APPLICANTS
 Robert S. Galen, Shaker Heights, OH;
 John F. Burd, San Diego, CA;
 Talei Hoblitzell, San Diego, CA;
 Gebhard Neyer, Los Angeles, CA;

**** CONTINUING DATA *******
 This application is a DIV of 09/477,900 01/05/2000 PAT 6,670,192
 which is a DIV of 08/764,320 12/12/1996 PAT 6,027,692
 which is a DIV of 08/418,495 04/07/1995 PAT 5,695,949

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/12/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS
27777

TITLE
COMBINED ASSAY FOR CURRENT GLUCOSE LEVEL AND INTERMEDIATE OR LONG-TERM GLYCEMIC CONTROL

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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